Appendix F.1

ACCOMMODATION PLAN	STUDENT
PERIOD from to	SECTION 504
Review date	ACCOMMODATION PLAN
NameBirthdate	
School	Grade
Date of Plan Meeting	
Describe the nature of the concern which results in an unequal educational opportunity due to a handicapping condition:	
Describe the basis for determination of a handicapping condition:	
Describe the reasonable accommodations that are necessary:	
Participants Name	Title